

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. A 1061 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodore Hagenbuch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 55 (about) Years, Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Carriage (Odorless)

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 yrs (about)

Place of Death, { Give Street and Number. } 514 9th Central ave

Cause of Death, { First (Primary), Second (Immediate), } Acute Pleurisy
Thrombus Heart

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 10th July - 1887

Undertaker, Henry Hofmann M. D.

Place of Business, 211 N. Eden St. Address, 403 9th Eder St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. A. 1062 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Neeka

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 10 Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Dist. Med.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 939 N. C. Lappin St.

Place of Death, { Give Street and Number. } Cholera Infantum

Cause of Death, { First (Primary), Second (Immediate), } Measles

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, July 8th 1887

Undertaker, Frank & Vagh

Place of Business, 827 N. Turk

G. C. Luck M. D.

Medical Attendant.

Address, Balt. & Cal. St.

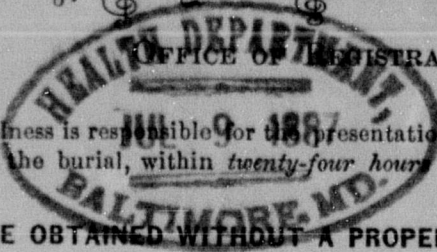
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A. 1063



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Liebi Mary Wendler

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, Three Years, Months, Days.

Color, white Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Three months

Place of Death, { Give street and number. } 1015 Chesapeake St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 9th 87

Undertaker, E. Frank

Place of Business, Frank & Wolf St.

Address 1114 Chesapeake St.

A. Schwartz M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. A 1064 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah F Ebert.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Wife.

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 501 Clinton Av.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis
Asthma

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 8th 1887

Undertaker, Chas. H. [unclear] John D. Pennington M. D.
Medical Attendant.

Place of Business, 765 Light Address, 505 N. Carrollton St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1065 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Edith F. Jenkins

Age, _____ Years, 11 Months, _____ Days

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. }

2037 - Biddle near Chester

Cause of Death, { First (Primary), _____

Battle fed

Second (Immediate), _____

Diarrhoea Central Congestion

Duration of Last Sickness, _____

between one and two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 9, 1887

Undertaker, John W. Jackson

M. M. White, M. D.

Medical Attendant.

Place of Business, Gay & Caroline Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 1066 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie McNeal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, - Months, - Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, -

Place of Death, { Give Street and Number. } 22 W. West St

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, July 9th 1887

Undertaker, Daniel Hyman

Chas J. McMichael M. D.
Medical Attendant.

Place of Business, 42 E. West St Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No.

1067

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

St. Vincent's Infant. Asylum

Cause of Death, { First (Primary), Second (Immediate), }

Chol. Infantum

Ex.

Duration of Last Sickness, _____

One wk.

All the above information should be furnished by the Physician.

Place of Burial, Ocean View Cemetery

Date of Burial, July 9th 1887

Undertaker, John Brown

F. J. Flannery

M. D.

Medical Attendant.

Place of Business, Division St.

Address, 1701 St. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1068 Office of Registrar of Vital Statistics. Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent Infirmary Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, July 9th 1887

{ Undertaker, John Brannon } J. J. Flannery M. D.
Medical Attendant.

{ Place of Business, Division St. } Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. *A 1069*

Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John R Franklin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

0

Years,

5 Weeks

Months,

0

Days.

Color,

Dark brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore,

5 Weeks

Place of Death, { Give Street and Number. }

No 251 Moore Alley

Cause of Death, {

First (Primary),

Hot weather

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cem

Date of Burial,

July 9th 1887

Undertaker,

Wm J Gray

Benj L Bohner

M. D.

Medical Attendant.

Place of Business,

65 Mulberry

Address, *Cor David Mulberry & Green Sts*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1070 Office of Registrar of Vital Statistics. Ward 152

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julian Rimm

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 11 Months, 11 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 748 Hamburg St

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum
A sphyxia

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 9 1887

{ Undertaker, Bernard Harle } Geo R Graham M. D.
Medical Attendant.

{ Place of Business, 115 West St } Address, 725 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]